



Individual Disclosure Statement for Proposed Sole Source Purchase

Each individual making the recommendation to sole source a purchase **must complete, sign, and submit a Disclosure Statement**. Anyone who has a conflict of interest cannot participate in the decision to sole source. For purposes of this document, the terms "vendor" or "company" include vendor, reseller, manufacturer and distributor. This is a supplemental form to sole source on Source Selection & Price Reasonableness Justification Form. Both forms should be electronically attached to your KFS Requisition (REQS) document.

- Vendor proposed as a Sole Source: _____
- Does this company sponsor research that you or any other member of your staff are currently involved in or were involved in during the past 12 months? Yes No

If you answered "Yes", please explain:

- Are you, or any member of your department, currently pursuing research with this company? Yes No
- Do you anticipate that this company will sponsor research that your department will be involved in during the next 12 months? Yes No

If the answer to either 2 or 3 was "Yes" please name the project and indicate the amount of research or other grant:

- Have you received honoraria of more than \$250 from this company during the past 12 months? Yes No
- Have you received any other income or gifts from this company during the past 12 months? Yes No

If the answer to either 5 or 6 was "Yes" please list and provide details:

- Do you have any financial interests (stocks, shares, investments, etc.) in this company? Yes No
- Is there any type of professional or other business relationship between you and this company? Yes No

If the answer to either 7 or 8 was "Yes" please list and provide details:

- To the best of your knowledge, does any member of your departmental staff have a business relationship with this company? Yes No
- Do you or any of your near relatives have any financial interest in this company? Yes No

If the answer to either 9 or 10 was "Yes" please list and provide details:

- Please provide any additional information you believe should be disclosed at this time.

12. I certify that the above information is true:

Signature

Printed Name and Title

Date